PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/549,283 | | | ing Date 21/2006 | To be Mailed | |
|---|--|---|---|---|--------------|--|---|--|---|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | Г | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | ı | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | l | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | E or (q)) | N/A | | N/A | | | N/A | | | N/A | | |
| TO (37 | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | l | x \$ = | | OR | x s = | | |
| INE (37 | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = | | • | | l | x \$ = | | 1 | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addi | If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar | | | oplication size fee due I entity) for each fraction thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | |] | TOTAL | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 02/18/2010 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18(i)) | • 20 | Minus | ~ 20 | | = 0 | | x \$ = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1,16(h)) | • 2 | Minus | 3 | | = 0 | | x \$ = | | OR | X \$220= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | ** | | | | x \$ = | | OR | x s = | | |
| Σ | Independent (37 CFR 1,16(h)) | * | Minus | *** | | | | x \$ = | | OR | x \$ = | | |
| 딢 | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | 1 | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". **The "Hichest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

has collection of information is organic by 37 CFR. 1,10. The information is required to obtain or retain a bound by the public which is in to file und by the USFTO to process) an application. Confidentiality is operand by 38 USF. 1,22 and 37 CFR. 14. If this collection is estimated to the bit 2 trainities to complete including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suppositions for reducing this borton, should be sent to the Child referension Officer. U.S. Plantin and Trainformark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.